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APPLICANTS

Jon D. Kilmer, Warminster, PA;

Thomas Sealese, Doylestown, PA;

** CONTINUING DATA *no*** FOREIGN APPLICATIONS *no*
 IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 11/28/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials	PA	4	20 19	4 3

ADDRESS

Robert E. Cannuscio, Esq.
 DRINKER BIDDLE & REATH LLP
 One Logan Square
 18th & Cherry Streets
 Philadelphia, PA
 19103-6996

TITLE

Packaging for hair bands having split mount panel

FILING FEE RECEIVED 417	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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